FILED Apr 02, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P0100007045 1. Entity Name ATHENE DESIGN & DEVELOPMENT GROUP, INC.						N. O.	Secretary of State 04-02-2003 90066 042 ***150.00		
Principal Place of Business 5489 EAGLE LAKE DR. PALM BEACH GARDENS FL 33418			Mailing Address 2534 BOUNDBROOK LANE. ≱110 WEST PALM BEACH FL 33406						
2. Principal P	lace of Business	3 . Ma	3. Mailing Address					82111 12211 9 2111 8	iaan ahii iaar
Suite, Apt. #, etc.			Suite, Apt, #, etc.			1	☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State			4.	FEI Number 65-1069269		plied For t Applicable
Zip Country		Zip	Zip		Country		Certificate of Status Desired	\$8.75 Add	litional
	6. Name and Address of Curre	nt Begister	ed Agent			 7	Name and Address of New Registered		u
······································	o. Haine and Address of Carre	in negiotoi	ed Agent	<u> </u>	Name	. ,	Traine and Address of their fregisters	Agent	
BASS, DONALD L							1		
7166 S.E. OSPREY STREET					Street Address (P.O. Box Number is Not Acceptable)				
HOBE SOUND FL 33455				•					
HODE OU		-			City		. FL	Zip Code	9
					<u> </u>			-	
	named entity submits this statemen ons of registered agent.	t for the purp	pose of changing its	registere	ed office or regist	tered ag	gent, or both, in the State of Florida. I am	familiar with,	and accept
and obligati	one of regionarea agents.		•						
SIGNATURE -	Signature, typed or printed name of registered ac	and and tilp if on	ANOTE ANOTE	Besistara	d Agent signature requi		reinstating) DATE		
		Jerit and life ii ap	I (NOTE	:: registere	a Agent signature requi	ren witeri	reinstating) DATE		<u> </u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00			·				9. Election Campaign Financing \$5.00 May Be		
	Payable to Florida Department		,				Trust Fund Contribution, · [to Fees
10.	OFFICERS AI		J DRS	11.		Δ1	L DDITIONS/CHANGES TO OFFICERS AND	O DIBECTORS	S IN 11
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUISED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3180/03 561-596-1700

Change

☐ Addition